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27384 7590 11/21/2003

KURT BRISCOE
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| | |
|-----------------------|--------------------|
| Nanci Manfredi | (Depositor's name) |
| <i>Nanci Manfredi</i> | (Signature) |
| February 19, 2004 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/844,084 | 04/27/2001 | Oliver Nickel | BEIERSDORF 721-KGB | 9701 |

TITLE OF INVENTION: MASKING TAPE AND ITS USE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1330 | \$300 | \$1630 | 02/23/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|------------------|----------|----------------|
| SALVATORE, LYNDA | 1771 | 428-040100 |

| | | |
|---|---|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | Norris McLaughlin & 1 Marcus 2 _____ 3 _____ |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | |

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tesa AG

Hamburg, Germany

Please check the appropriate assignee category or categories (will not be printed on the patent); individual corporation or other private group entity government

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| (Authorized Signature) | <i>Pos. No 33,141</i> | (Date) | <i>2-18-04</i> |
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02/27/2004 MGE BREM2 00000051 141263 09844084
 01 FC:1501 1330.00 DA
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